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EDITORIAL COMMENT



SKILLED NURSING CARE FOR THE GREAT MIDDLE CLASS

SKILLED nursing care for the great middle class is a subject which has been brought before the nursing profession upon a great many occasions and in a variety of ways.

We are all agreed practically that this class of people, as Miss Riddle expressed it at the Convention in Washington, "to which we all belong," and which politicians say make up the backbone of the country, are entitled to the best of skill and the most intelligent care that the nursing profession can provide, and yet after years and many discussions the situation remains practically unchanged in this country.

The rich are provided for in time of illness because they can pay; the poor are provided for because someone pays for them; but the well-to-do mechanic and the families of small-salaried clerks and professional men must get along with either no nursing at all, except what can be given by members of the family, or be cared for by untrained women,—women of all kinds and classes and degrees of intelligence, too many of whom are lacking in the simple principles of good nursing to in any way fill adequately this great gap left unfilled in the present distribution of skilled nursing service.

It is not necessary to discuss this side of the question in further detail; we are all perfectly familiar with the situation; the question is, What are we going to do about it?

All of the questionable schools of the short-course and correspondence variety are trading upon the situation. The promoters and proprietors of such training-schools can get the public ear, the public sympathy and the public money to an unlimited extent because they claim that they are training nurses especially for the poor and to supply this need. These schools are increasing all over the country; they are being supported by sentimental philanthropists on the one hand and by earnest, conscientious people who are not intelligently informed of the true motive lying back of at least the majority of such schools—the reaping of dividends.

So long as the great nursing body leaves the well-to-do middle class unprovided for, we must expect the short-course schools to continue to flourish, and criticism either of the people who organize such schools, the physicians who employ such nurses, or the patients who must be satisfied with such service is useless and inconsistent.

Again we ask, What are we going to do about it?

The evil which is at the bottom of this situation is in the fixed, arbitrary, trades-union rate of charge. We hear voices clamoring that “We *do* do charity; we charge our regular rate of \$21 or \$25 a week, and if we find our patients are not able to pay it we give them one or two weeks of time.”

There is much service given to the poor by individual nurses in many places, but the *giving* of service does not meet the situation. It is humiliating for a self-respecting mechanic or for a bookkeeper or a high-school professor to accept charity from the nurse called in to care for his young child through a desperate case of pneumonia. We contend that the principle is wrong; that even this practice is not sufficiently universal to supply the needed nursing service to the great middle class, and that some solution of the problem must be reached by which there shall be no humiliating suggestion of charity, when an independent, reputable citizen in moderate circumstances is only able to pay ten, twelve or fifteen dollars a week for the services of a skilled nurse.

While this situation remains unchanged that the great nursing body provides service only for the rich who can pay, and the poor who are paid for, we have little claim to call ourselves a profession, for with a profession goes the obligation of service to others first, and money must be a secondary consideration.

This is a mighty subject which requires the serious, deliberate consideration of nurses everywhere, and should be brought up for discussion at all of our great gatherings of nurses.

HOW THE TORONTO NURSES ARE MEETING IT.

The nurses of Toronto, Canada, organized a Central Directory about a year ago, the governing body being composed of two representatives from each of the alumnae associations in the city. The registrar, who is also the treasurer, is a graduate nurse. One of the rules of the Directory is that nurses whose names are lowest on the list shall respond to calls for people able to pay from \$8 upward.

If a name stands twenty on the list there is often time for four or five weeks of service of this kind; when the nurse's name reaches the top she is called in and is given the full-rate call in her regular turn, the nurse standing lowest on the list relieving her if necessary.

The Victorian Order in Toronto works principally we understand among people who are able to pay something, and between this and the Central Directory the nurses feel that the well-to-do middle class in Toronto are being amply provided for. The experiment is new and has not been in operation long enough to be thoroughly tested, but it is a very progressive step and an example which other directories and other groups of nurses would do well to follow. We believe the solution of this great problem in the long future will be upon a still broader and more liberal basis.

The fixed trades-union charge must be abolished. If the physician can charge \$10,000 for performing a simple appendectomy, spending only a few hours with the patient, why should the nurse whom he intrusts with the care of the patient day and night for three or four weeks be confined to the meagre charge of twenty-one or twenty-five dollars,—a total of one hundred dollars for four weeks of continuous care, against his ten thousand dollars? And again, when the life of a valuable citizen hangs in the balance and the same physician performs an operation for fifty dollars, why should the nurse still keep to her charge of twenty-five dollars a week when five dollars is all that the man can reasonably be expected to pay? Perhaps the patient has never earned twenty-five dollars a week; he has a wife and children to support; he objects to being a charity patient in the hospital; he is an earnest, conscientious member of the community, and he has a right to stay in his own home if he wants to.

Break down the fixed charge; let the compensation to the nurse be in proportion to the compensation to the physician, and the rich, the poor and the great middle class will be equally well provided for; graduates of correspondence schools and short-course schools, with state registration as a means of distinction between the trained and the un-

trained, will find no field in which to labor, and in the end nurses will earn more money and will be entitled to be ranked with those professions which consider service to mankind before every other motive.

Again, we shall hear the cry, "But the rich will object and the doctors will not be loyal to us," and our answer is that the rich and the doctors must be educated to the idea that the nurses are working for the benefit of humanity and not for the sole purpose of personal gain. Such a reform must be the work of years, but it is time the movement began. With higher education and state registration must be combined a broader sense of the nurse's responsibility to humanity.

THOUGHTS ON NOTE-TAKING

ONE of our contributors has sent us the following suggestion in regard to note-taking which we most cordially endorse. She says: "I would like to suggest to training-school teachers the perhaps heretical idea that the present mode of treating lectures, by having the pupils diligently scratch down notes as fast as they can while the lecturer is speaking, is stupid and absurd. I have been brought to this conclusion by giving some lectures myself, and experiencing the very disagreeable sensation of talking to nothing, while a body of people in front of me, with eyes glued to the paper, were absorbed in the race of trying to get down as many words as possible. The conclusion was irresistible that the hearers did not really hear, and certainly did not enjoy, the lecture, and I am moved to make the following suggestions as to note-taking. It is of course important that pupils should get all the definite points of a lecture straight, for in lectures much new material is presented which is not in the books, and it is essential that it should be preserved as valuable material for study and reference. But why should all the class try to put down every word for fear of not knowing how to select the most important, and so missing something which will be needed afterward? The personality of the lecturer is also, often, an important element in the training of the pupils, and this is entirely lost under the note-taking system. The words of the lecturer might as well be recited by a gramophone.

"Our suggestion is that one competent person take notes of lectures, afterward preparing a well-articulated syllabus and giving all important and leading points of information, and that the rest of the class listen in a quiet and serene frame of mind, prepared to enjoy the lecturer and to get the effect of his personality. At the close of the lecture, the prepared syllabus should be ready for each one to refer to, and each can